

EXPRESS MAIL NO.: EM061 019 734US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Friend, S.H., Stoughton R.
and Yudong, H.

Serial No.: 09/220,275

Art Unit: 1643

Filed: December 23, 1998

Examiner: To Be Assigned

For: METHODS FOR USING CO-REGULATED
GENESETS TO ENHANCE DETECTION
AND CLASSIFICATION OF GENE
EXPRESSION PATTERNS

Attorney Docket No: 9301-039-999

**REQUEST UNDER 37 CFR § 1.27(a) TO ESTABLISH SMALL ENTITY STATUS
AND
REQUEST FOR REFUND UNDER 37 CFR § 1.28(a)**

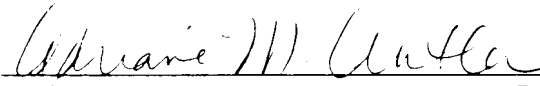
Assistant Commissioner for Patents
Washington, D.C. 20231
Sir:

It is respectfully requested that the above-identified application be accorded Small Entity Status in view of the Verified Statement Claiming Small Entity Status form which is submitted herewith.

An application fee of \$2,424.00 was timely paid on December 23, 1998, in connection with the above-identified application from Pennie & Edmonds LLP Deposit Account No. 16-1150, of which \$1,212.00 is in excess of the amount now required. Pursuant to 37 CFR § 1.28(a) Applicants request a refund of the excess amount within two months of its timely payment. Accordingly, Applicants hereby request that the amount of **\$1,212.00 be credited** to Pennie & Edmonds LLP Deposit Account No. 16-1150. A copy of this sheet is enclosed.

Respectfully submitted,

Date: February 23, 1999


Adriane M. Antler 32,605
(Reg. No.)

PENNIE & EDMONDS LLP
1155 Avenue of the Americas
New York, N.Y. 10036-2711
(212) 790-9090

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**RESPONSE TO NOTICE OF MISSING PARTS
OF APPLICATION - FILING DATE GRANTED**

BOX: Missing Parts

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

In response to the "Notice to File Missing Parts Of Application - Filing Date Granted" (hereinafter the "Notice") mailed by the U.S. Patent and Trademark Office on January 25, 1999 in connection with the above-identified application, Applicants submit herewith the following documents:

1. An executed Declaration and Power of Attorney for the instant application, executed by the inventors Stephen H. Friend, Roland Stoughton, and Yudong He on February 22, 1999; and
2. A copy of the Notice.

Applicants also submit herewith:

3. Verified Statement Claiming Small Entity Status, executed by John J. King, II, Senior Vice President and Chief Operating Office of Rosetta Inpharmatics, Inc., on February 19, 1999, and declaring that Rosetta Inpharmatics, Inc., the sole assignee of the above-identified application, qualifies as a small business concern under 37 C.F.R. § 1.9(f) and § 1.27(c); and

4. Request Under 37 CFR § 1.27(a) To Establish Small Entity Status and Request for Refund Under 37 CFR § 1.28(a);

Applicants are also submitting for recordation on even date herewith an assignment of Applicants' rights in the above-identified patent application to Rosetta Inpharmatics, Inc.

In accordance with the Notice, the surcharge for filing the Declaration and Power of Attorney is estimated to be \$65.00 (Small Entity). Please charge the required fee to Pennie & Edmonds LLP Deposit Account No. 16-1150. A duplicate of this sheet is enclosed for accounting purposes.

Respectfully submitted,

Dated: February 23, 1999

Adriane M. Antler 32,605
Adriane M. Antler (Reg. No.)

PENNIE & EDMONDS LLP
1155 Avenue of the Americas
New York, New York 10036-2711
(212) 790-9090

Enclosures

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>3/9/97</u>		2 Serial/Patent # <u>101771075</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT					
<input type="checkbox"/>	Filing			\$ <u>1212.00</u>					
<input type="checkbox"/>	Amendment			\$					
<input type="checkbox"/>	Extension of Time			\$					
<input type="checkbox"/>	Notice of Appeal/Appeal			\$					
<input type="checkbox"/>	Petition			\$					
<input type="checkbox"/>	Issue			\$					
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$					
<input type="checkbox"/>	Maintenance			\$					
<input type="checkbox"/>	Assignment			\$					
<input type="checkbox"/>	Other			\$					
		7 TOTAL AMOUNT OF REFUND		\$ <u>1212.00</u>					
10 REASON:		8 TO BE REFUNDED BY:							
		<input type="checkbox"/> Treasury Check							
		<input checked="" type="checkbox"/> Credit Deposit A/C #:							
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">1</td><td style="width: 20px;">6</td><td style="width: 20px;">--</td><td style="width: 20px;">1</td><td style="width: 20px;">1</td><td style="width: 20px;">5</td><td style="width: 20px;">0</td> </tr> </table>			1	6	--	1	1
1	6	--	1	1	5	0			
<input checked="" type="checkbox"/>	Overpayment								
<input type="checkbox"/>	Duplicate Payment								
<input type="checkbox"/>	No Fee Due (Explanation):								
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: <u>George H. Jones</u>		TITLE: <u>Director</u>							
SIGNATURE: <u>George H. Jones</u>		PHONE: <u>301 9484</u>							
OFFICE: <u>DIPE</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: _____		DATE: _____							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

INSTRUCTIONS FOR USING REQUEST FOR PATENT FEE REFUND FORMS
[FORM NUMBER PTO-1577]

Fill out the form completely, and print or type all information.

1. **DATE OF REQUEST:** Enter the date you fill out the form.
2. **SERIAL/PATENT #:** Enter the Serial or Patent Number.
3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "**Other** _____" and print or type the fee type on the following blank line.
4. **PAPER NUMBER:** Enter the **PAPER NUMBER** of the document for which a refund is requested. [**PAPER NUMBER** refers to the sequential number (on the outside of the official file wrapper) assigned to the document. If the document has no number assigned to it, you may leave this box blank.]
5. **DATE FILED:** Enter the Mailroom Date of the document for which a refund is requested.
6. **AMOUNT:** Enter the dollar amount of the refund.
7. **TOTAL AMOUNT OF REFUND:** Add the dollar amounts in the column labeled **AMOUNT** and enter the total in the box.
8. **TO BE REFUNDED BY:** Enter a check mark or an X in the box preceding **TREASURY CHECK OR CREDIT DEPOSIT A/C #** to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, **stamped with the FEE ACCOUNTABILITY STAMP with the amount of the refund circled.**
9. **DEPOSIT ACCOUNT NUMBER:** If refund is by credit to a Deposit Account, enter the Deposit Account Number.
10. **REASON:** Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.
11. **REFUND REQUESTED BY:** Only PTO personnel formally authorized to request refunds should enter their **NAME**, **TITLE**, **PHONE NUMBER**, **OFFICE** and **SIGNATURE** on these blanks. Supervisors shall provide the Office of Finance with an advance list of personnel authorized to sign this form.

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	YELLOW:	<i>Attach to the official file.</i>
	PINK:	<i>Retain for originating office.</i>

Mail or hand-carry the completed form with attachment(s) to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO./TITLE
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DATE MAILED:

NOTICE TO FILE MISSING PARTS OF APPLICATION
Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given **TWO MONTHS FROM THE DATE OF THIS NOTICE** within which to file all required items and pay fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the **SURCHARGE** set forth in 37 CFR 1.16(e) of ☐ \$65.00 for a small entity in compliance with 37 CFR 1.27, or ☒ \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

If all required items on this form are filed within the period set above, the total amount owed by applicant as a ☐ small entity (statement filed) ☐ non-small entity is \$_____.

- ☐ 1. The statutory basic filing fee is:
- ☐ missing.
 - ☐ insufficient.
- Applicant must submit \$_____ to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).
- ☐ 2. Additional claim fees of \$_____, including any multiple dependent claim fees, are required.
- \$_____ for _____ independent claims over 3.
- \$_____ for _____ dependent claims over 20.
- \$_____ for multiple dependent claim surcharge.
- Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.
- ☒ 3. The oath or declaration:
- ☒ is missing or unexecuted.
 - ☐ does not cover the newly submitted items.
 - ☐ does not identify the application to which it applies.
 - ☐ does not include the city and state or foreign country of applicant's residence.
- An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required.
- ☐ 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.
- A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- ☐ 5. The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

- ☐ 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).
- ☐ 7. Your filing receipt was mailed in error because your check was returned without payment.
- ☐ 8. The application does not comply with the Sequence Rules.
- See attached "Notice to Comply with Sequence Rules 37 CFR 1.821-1.825."
- ☐ 9. OTHER: _____

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

A copy of this notice MUST be returned with the reply.

Customer Service Center
Initial Patent Examination Division (703) 308-1202

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